

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE	
							APPLICANT(S)		09/890818	
CLAIMS										
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1							51		
2	1							52		
3	1							53		
4	1							54		
5	1							55		
6	1							56		
7	21							57		
8	1							58		
9	1							59		
10	21							60		
11	21							61		
12	21							62		
13	1							63		
14	1							64		
15	21							65		
16	21							66		
17	21							67		
18	1							68		
19	1							69		
20	1							70		
21	21							71		
22	21							72		
23	21							73		
24	21							74		
25	21							75		
26	21							76		
27	21							77		
28	1							78		
29	1							79		
30	21							80		
31	21							81		
32	21							82		
33	21							83		
34	1							84		
35	1							85		
36	21							86		
37	21							87		
38	1							88		
39	1							89		
40	1							90		
41	21							91		
42	1							92		
43	1							93		
44	21							94		
45	21							95		
46	21							96		
47	21							97		
48	21							98		
49	21							99		
50	21							100		
TOTAL	10							TOTAL IND.		
TOTAL	38							TOTAL DEP.		
TOTAL	48							TOTAL CLAIMS		